

## STUDENT HEALTH UPDATE

In order for your child to receive the best nursing care while in the school environment, it is important that the following medical information be completed by each student's parent/guardian and returned to the school nurse at the beginning of each school year. Information may be shared with school personnel if deemed necessary. Please use the back of this paper for more space if needed.

Please list any medical conditions that your child has \_\_\_\_\_

\_\_\_\_\_

Are they currently taking any medications? (Please list): \_\_\_\_\_

Do they have to take any medication while at school? (Please list): \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ Please list all allergies including those to food, bee's, and medicine : \_\_\_\_\_

Does your child have an epi-pen prescribed to them? \_\_\_\_\_

Is your child diagnosed with asthma? \_\_\_\_\_ Do they use a rescue inhaler? \_\_\_\_\_

Is your child diagnosed with epilepsy or have a seizure disorder? \_\_\_\_\_

Is your child diagnosed with diabetes? \_\_\_\_\_

Is your child diagnosed with autism? \_\_\_\_\_ Are they diagnosed with ADHD? \_\_\_\_\_

Does your child have any mental health or behavioral issues? (Please list): \_\_\_\_\_

Does your child wear glasses or contacts? \_\_\_\_\_ Do they have hearing loss? \_\_\_\_\_

Does your child have any other special health needs or problems the school should know about? \_\_\_\_\_

Please list: \_\_\_\_\_

Has your child had any other serious illnesses, concussions, accidents, surgeries, or broken bones? \_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Does your child use or need any special equipment or medical appliances during school? \_\_\_\_\_ If yes, what are they? \_\_\_\_\_

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Major \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_